

APPLICATION FOR DRAIN LAYING

Nonrefundable Application Fee \$250.00

Date 8/27/15

FOR CITY CLERK'S OFFICE ONLY	
Date Recorded	<u>2015 SEP 04 PM 2:14</u>
Amount Paid	<u>CITY CLERK'S OFFICE</u>
SOMERVILLE, MA	

- ☒ New Application
- ☐ Renewing Application with Additions or Changes
- ☐ Renewing Application with NO Additions or Changes

Business (DBA) Name: J. Masterson Construction Phone: 978-774-8782

Applicant's Federal Employer Identification Number: 04-2727060

Applicant's Legal Name: Jeff Masterson

Applicant's Address (with Zip Code): 80 Alderbrook Drive Topsfield MA 01983

Mailing Name (where we should send correspondence to): Jeff Masterson

Mailing Address (with Zip Code): 46 Prince Street Danvers MA 01923

Emergency Contact: Jeff Masterson Phone: 978-774-8782

Type of Business (Check Only One and Provide the Names Indicated):

☐ **Sole Proprietor:** Name of Owner: _____

☐ **Partnership (inc. LLP):** Name of Partnership: _____

Names of All Partners Who Own More Than 10%: _____

☐ **Trust:** Name of Trust: _____

Names of All Trustees Who Own More Than 10%: _____

☒ **Corporation:** Name of Corporation: J. Masterson Construction

Name of President: John Masterson

Name of Secretary: Sharon Masterson Name of ^{VP.} Treasurer: Jeff Masterson

☐ **LLC:** Name of LLC: _____

Names of All Managers Who Own More Than 10%: _____

☐ **Other** (Attach a Description of the Form of Ownership and the Names of Owners)

Business (DBA) Name: J. Masterson Construction.

Attach a Drain Layers Bond in the amount of \$10,000.

ACKNOWLEDGEMENT

I hereby state that all information provided on this application is true and accurate, and I understand that any information that is found to be false or misleading may result in the forfeiture of this license. This license will be subject to all of the terms, conditions, and limitations set forth in the Somerville Code of Ordinances, any applicable State and Federal laws, and any conditions prescribed by the City of Somerville. I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all State tax returns and paid all State taxes required under law.

Signature of Applicant: [Signature] Date: 8/27/15

Print Name: _____ Phone: _____

FOR ALL APPLICANTS WITHOUT A CURRENT LICENSE:

ENGINEERING DEPARTMENT RECOMMENDATION:

Fax letters of recommendation from three municipal references to the Engineering Department at 617 625-4454. After you've faxed the references, contact them at 617 625-6600 x5400 to arrange for the following sign-off.

✓ The Engineering Department recommends that the application be: ☒ Approved ☐ Denied

Signature [Signature] Date 9/8/15

CITY OF SOMERVILLE

SOMERVILLE • MASSACHUSETTS 02145

DPW - ENGINEERING DEPARTMENT

1 FRANEY ROAD ~ 1ST FLOOR

PHONE: 617-625-6600 • FAX: 617-625-4454

January 2014

Dear Licensed Drainlayers,

As you are aware, a drainlayer's license entitles an individual to make application for a permit to lay pipe and install appurtenances, with the proper approvals, in City Right-of-Ways, for the purpose of conveying sanitary waste water, surface and subsurface runoff, potable water, and to undertake other permitted and approved work within the limits of public ways and easements or which might have impact on systems that affect the public health & safety and the integrity of the City's Infrastructure.

The City of Somerville, through the DPW – Engineering Department, is hereby issuing to each licensed drainlayer a new Permit Manual that explains and defines the City's standards for work in and around the City's Infrastructure. A digital copy of this manual can be found, and printed for your records, at <http://www.somervillema.gov/departments/dpw/engineering>.

Each licensed Drainlayer shall be required to adhere to the rules and regulations set forth in this manual or risk losing his license as a Drainlayer in the City. **In addition, all utility work performed will require "as built" drawings (with ties) of the work, must be submitted to the Engineering Department within a week of its completion. No further permits will be issued until all "as-built" plans have been received and accepted by the Engineering Office.**

By signing below, you acknowledge receipt of this manual and agree to adhere to the rules and regulations set forth in this manual. Permits will not be issued until this letter has been signed and returned to the DPW – Engineering Department.

The Engineering Department welcomes the opportunity to work with you and your company in 2014. Please feel free to contact this office if there are any questions.

Signed,

Somerville DPW – Engineering Department

I hereby certify that I am familiar with the rules and regulations set forth in the City of Somerville Permit Manual and I further attest that I will work in conformance with said rules and regulations.

Name: Jeff Masterson
Signature: _____

Date: 8/21/15
Title: Vice President

Company: J. Masterson Construction.

SEWER OR DRAIN LAYERS BOND

BOND NO. 08BSBGQ3873

KNOW ALL MEN BY THESE PRESENTS, That we, J. Masterson Construction Corp. of 46 Prince St., Danvers, MA 01923, as Principal, and Hartford Casualty Insurance Company a corporation organized under the laws of the State of Indiana and duly authorized to transact business in the State of Indiana, having an office and usual place of business at 100 River Ridge Drive, Norwood, MA 02062, as Surety, are held and firmly bound unto the City of Somerville in the sum of Ten Thousand and 00/100 Dollars (\$10,000.00), lawful money of the United States of America, to be paid to the said City of Somerville or its successors, for which payment well and truly to be made and done, we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

Sealed with our seals and dated this 8th day of September, 2015.

THE CONDITION OF THE ABOVE OBLIGATION IS SUCH, that if the above bounden J. Masterson Construction Corp. who has been licensed for the term beginning September 8, 2015 and ending September 8, 2016 by the City of Somerville to make openings into sewers or drains in the City of Somerville for the purpose of making connections with any house, cellar, vault, yard or other premises, will carefully make the openings into such sewers or drains in the manner prescribed by the said City of Somerville without injuring, and will leave no obstruction of any description whatever therein, will properly close up such sewers and drains around the connections made by him, and will make no openings into the arch of said sewers or drains, and will faithfully comply with the ordinances in relation to opening and excavating the streets and will faithfully comply with all rules and regulations of the City of Somerville AND will save, indemnify and hold harmless the said City of Somerville from any and all injury that may accrue to persons, animals or property and damage consequent thereupon by reason of any opening on any street, lane, avenue, or public place made by J. Masterson Construction Corp. or those in its employment for the purpose of putting down any such pipe for the introduction of water or for any other purpose or object whatever; and will deposit the material composing the superstructure without breaking or injuring the same, and in a manner which will occasion the least inconvenience to the public and will fill in any excavation made and will leave the same property packed, rammed and repaired for the paving required and suitably restore the pavement taken for excavating; then this obligation to be void, otherwise to remain in full force and effect.

J. Masterson Construction Corp.

Principal

By: 

Hartford Casualty Insurance Company

Surety

By: 

POWER OF ATTORNEY

Direct Inquiries/Claims to:

THE HARTFORD

Bond T-4

One Hartford Plaza

Hartford, Connecticut 06155

call: 888-266-3488 or fax: 860-757-5835)

KNOW ALL PERSONS BY THESE PRESENTS THAT:

Agency Code: 08-083460

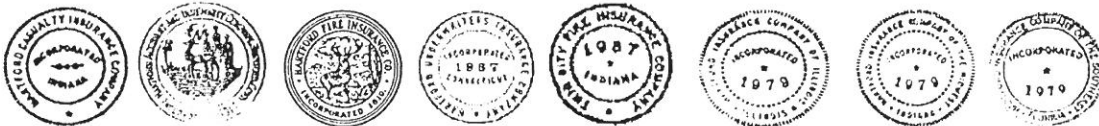
- ☒ Hartford Fire Insurance Company, a corporation duly organized under the laws of the State of Connecticut
☒ Hartford Casualty Insurance Company, a corporation duly organized under the laws of the State of Indiana
☐ Hartford Accident and Indemnity Company, a corporation duly organized under the laws of the State of Connecticut
☐ Hartford Underwriters Insurance Company, a corporation duly organized under the laws of the State of Connecticut
☐ Twin City Fire Insurance Company, a corporation duly organized under the laws of the State of Indiana
☐ Hartford Insurance Company of Illinois, a corporation duly organized under the laws of the State of Illinois
☐ Hartford Insurance Company of the Midwest, a corporation duly organized under the laws of the State of Indiana
☐ Hartford Insurance Company of the Southeast, a corporation duly organized under the laws of the State of Florida

having their home office in Hartford, Connecticut (hereinafter collectively referred to as the "Companies") do hereby make, constitute and appoint, **up to the amount of Unlimited** :

Mary M. Kinchla, Thomas E. DiGiuseppe, Laurence R. Hall, Frances McEvoy, Audrey A. McMahon, Lee A. McNelly, Robert Poulin, Peter F. Sennott, Robert E. Sennott of TOPSFIELD, Massachusetts

their true and lawful Attorney(s)-in-Fact, each in their separate capacity if more than one is named above, to sign its name as surety(ies) only as delineated above by ☒, and to execute, seal and acknowledge any and all bonds, undertakings, contracts and other written instruments in the nature thereof, on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

In Witness Whereof, and as authorized by a Resolution of the Board of Directors of the Companies on August 1, 2009, the Companies have caused these presents to be signed by its Vice President and its corporate seals to be hereto affixed, duly attested by its Assistant Secretary. Further, pursuant to Resolution of the Board of Directors of the Companies, the Companies hereby unambiguously affirm that they are and will be bound by any mechanically applied signatures applied to this Power of Attorney.



John Gray

John Gray, Assistant Secretary

M. Ross Fisher

M. Ross Fisher, Vice President

STATE OF CONNECTICUT

COUNTY OF HARTFORD

SS.

Hartford

On this 12th day of July, 2012, before me personally came M. Ross Fisher, to me known, who being by me duly sworn, did depose and say: that he resides in the County of Hartford, State of Connecticut; that he is the Vice President of the Companies, the corporations described in and which executed the above instrument; that he knows the seals of the said corporations; that the seals affixed to the said instrument are such corporate seals; that they were so affixed by authority of the Boards of Directors of said corporations and that he signed his name thereto by like authority.



CERTIFICATE

Kathleen T. Maynard

Kathleen T. Maynard
Notary Public

My Commission Expires July 31, 2016

I, the undersigned, Vice President of the Companies, DO HEREBY CERTIFY that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which is still in full force effective as of September 8, 2015
Signed and sealed at the City of Hartford.



Kevin Heckman

Kevin Heckman, Assistant Vice President

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, Mass. 02111

Workers' Compensation Insurance Affidavit - General Businesses

Applicant information:

Name: J. Masterson Construction
Address: 46 Prince Street
City: Danvers State: MA Zip: 01923 Phone #: 978-774-8782
☒ I am an employer with 60 employees (full and/or part time). Business Type: ☐ Retail
☐ I am a sole proprietor or partnership and have no employees. ☐ Restaurant/Bar/Eating Establishment
☐ We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees. ☐ Office and/or Sales (real estate, auto, etc.)
☐ We are a nonprofit organization staffed by volunteers and have no employees. ☐ Nonprofit
☐ Entertainment
☐ Manufacturing
☐ Health Care
☒ Other Site and Utility

Workers' compensation insurance information (if applicable):

Insurance Company Name: Arbella Mutual Insurance
Address: 240 Bear Hill Rd #106
City: Waltham State: MA Zip: 02451 Phone #: 781-895-9588
Policy #: 8500059806 Expiration Date: 7/1/16

Applicant certification:

Failure to secure coverage as required under Section 25A of MGL 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one years' imprisonment as well as civil penalties in the form of a STOP WORK ORDER and a fine of \$100.00 a day against me. I understand that a copy of this statement may be forwarded to the Office of Investigations of the DIA for coverage verification.

I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.

Signature: [Signature] Date: _____

Print Name: _____

Official use only. Do not write in this area. To be completed by city or town official.

City or Town: _____ Permit/License #: _____
Contact Person: _____ Phone #: _____
☐ Board of Health
☐ Building Department
☐ City/Town Clerk
☐ Licensing Board
☐ Selectmen's Office
☐ Other _____